

All Applications Must be Filled Out by Applicant

Bldg. Form 1

PLANS AND SPECIFICATIONS
and other data must also be filed

BUILDING DIVISION

DEPARTMENT OF BUILDING AND SAFETY

Application for the Erection of Buildings

CLASS "A" - ~~B~~ - ~~C~~ *Rein. Conc Steel Frame*

To the Board of Building and Safety Commissioners of the City of Los Angeles:

Application is hereby made to the Board of Building and Safety Commissioners of the City of Los Angeles, through the office of the Superintendent of Buildings, for a building permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to the following conditions, which are hereby agreed to by the undersigned applicant and which shall be deemed conditions entering into the exercise of the permit:

First: That the permit does not grant any right or privilege to erect any building or other structure therein described, or any portion thereof, upon any street, alley, or other public place or portion thereof.

Second: That the permit does not grant any right or privilege to use any building or other structure therein described, or any portion thereof, for any purpose that is, or may hereafter be prohibited by ordinance of the City of Los Angeles.

Third: That the granting of the permit does not affect or prejudice any claim of title to, or right of possession in, the property described in such permit.

TAKE TO
ROOM No. 6
REAR OF
NORTH
ANNEX
1st Floor
CITY CLERK
PLEASE
VERIFY

TAKE TO
FIRST FLOOR
242 SO.
BROADWAY

ENGINEER
PLEASE
VERIFY

Lot No. *Portion lot "A" 7x10149* Block *4*
(Description of Property)
Portion lots 2-3-4-5-6 Central Hollywood
TAKE TO *North No. 2*
ROOM No. 248
(2nd FLOOR)

District No. *32* M. B. Page *16* F. B. Page *29*

No. *TAKE TO 6225-15 6249 Inclusive Hollywood Blvd* Street
ROOM No. 6
(MAIN ST. FLOOR) *Del Mar + Vine*

(USE INK OR INDELIBLE PENCIL)

- Purpose of Building *Residential Bldg. & Commercial Bldg.* No. of Families *1*
- Owner's name *Barlett Land & Bldg. Corp.* Phone *TR. 0991*
- Owner's address *744 E. River - Strang Bldg. L.A., Cal.*
- Architect's name *P. Mason Pitca* Phone *TR. 7293*
- Contractor's name *Wm. Simpson Const. Co.* Phone *TR. 7261*
- Contractor's address *# 816 W. 5th Street L.A., Cal.*
- TOTAL VALUATION OF BUILDING (including all Material, Labor, Finish-
ing, Equipment and Appliances in Completed Building) \$ *940,000.00*
840,000.00
- Any other building or permit for a building on lot at present? *—* How used? *—*
- Size of proposed building *310'0" x 244'0"* Size of lot *310'0" x 140'0"* feet
- Number of stories in height *Two* Height to highest point *76'6"*
- Material of foundation *Concrete* Character of soil *Clay*
- Material of exterior walls *Rein. Concrete - steel frame*
- Material of interior construction *Steel frame & concrete*
- Material of floors *Concrete*
- Material of roof *Conc. Roof, Comp. roofing*
- Will all lathing and plastering comply with Ordinance? *Yes*
- What zone is property in? *—*

I have carefully examined and read the above application and know the same is true and correct, and hereby certify and agree, if a permit is issued, that all of the provisions of the Building Ordinances will be complied with, whether herein specified or not; also certify that plans and specifications herewith filed conform to all of the provisions of the Building Ordinances and State Laws.

OVER

(Sign Here)

(Owner or Authorized Agent)

FOR DEPARTMENT USE ONLY

PERMIT NO. 14136	Plans and Specifications checked and found to conform to Ordinances, State Laws, etc. <i>[Signature]</i> Jan. Examiner	Application checked and found O. K. <i>5/24/29</i> <i>[Signature]</i> Clerk	When permit is issued RECEIVED MAY 24 1929 100110
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PLANS

SPR

VALUATION INCLUDED - YES

63010 50625

FOR DEPARTMENT USE ONLY

APPLICATION	O.K.	<i>[Signature]</i>
CONSTRUCTION	O.K.	<i>[Signature]</i>
ZONING	O.K.	<i>[Signature]</i>
SET-BACK LINE	O.K.	<i>[Signature]</i>
ORD. 33761 (N. S.)	O.K.	<i>[Signature]</i>
FIRE DISTRICT	O.K.	<i>[Signature]</i>

REMARKS

20,000 Bbls Cement
600 Tons reinf. Steel



**City of Los Angeles
Department of Building and Safety**

**"NORTHRIDGE EARTHQUAKE" FILE
(EQ1-94)**

ADDRESS: 6225 HOLLYWOOD BL

RECORD NO.: 32069 *POSTING: GREEN

The document(s) contained in this file are related to the inspection(s) and/or permits issued for buildings surveyed and/or damaged from the January 17, 1994 earthquake or related aftershocks. Many of the damage estimates were made under emergency conditions and should not be used to make bids for repair, demolition, or rebuilding. These records were created for use by the Department of Building and Safety only. The City of Los Angeles and the Department of Building and Safety are not responsible for any use of this data. Check the retrieval index for all available earthquake documents as other documents may have become available for viewing after this file was prepared for viewing (filmed and scanned).

"RECORD NO." refers to a unique computer-generated number assigned by the Damage Assessment database to uniquely identify a structure or, in cases of a vacant lot, the site. Each separate building was assigned a unique Record No. For example, a site with a dwelling and detached garage was assigned two Record Nos. (one for the dwelling and one for the garage).

"POSTING" is based on the last inspection report in the earthquake files at the time it was prepared for viewing. It refers to the type of placard affixed to the structure (or site when the lot is vacant) by a Building and Safety Inspector during an inspection for earthquake damage or repair. The official placards are commonly referred to by their color as follows: "RED" is unsafe to occupy; "YELLOW" is limited entry; and "GREEN" is safe to occupy. Other designations were used in the Posting field, but are not postings. They are "CERT" and "PERMIT" and are described as follows:

"CERT" refers to cases where a Certified License Contractor repaired either an earthquake damaged roof, garden wall or chimney (chimney only until 12/94), and certified that the work was completed via a Certificate of Completion. No posting is available as a Building and Safety Inspector did not make an inspection for earthquake damage or repair. WHEN THE POSTING IS "CERT", IT IS EXPECTED THAT ONLY A CERTIFICATE OF COMPLETION WILL FOLLOW THE COVER SHEET.

"PERMIT" is used when no inspection was made by Building and Safety for earthquake damage prior to issuing a permit to repair damage and our records do not indicate that the work was completed for all outstanding earthquake repair permits for this structure at the time the file was prepared for viewing. WHEN THE POSTING IS "PERMIT", IT IS EXPECTED THAT NO DOCUMENTS, EXCEPT POSSIBLY A COPY OF THE PERMIT WITH HAND-WRITTEN ADDRESS CORRECTIONS, WILL FOLLOW THE COVER SHEET.

EQ1-94

CITY OF LOS ANGELES OBS 32069
DEPARTMENT OF BUILDING AND SAFETY

RAPID SCREENING INSPECTION FORM

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

B. BUILDING USE:

- ☐ Residential
☒ Commercial

C. INCLUSIVE ADDRESS:

6225-
~~6233~~ Hollywood Bl.COUNCIL
DISTRICT: 13

D. OWNER:

PHONE NO.:

MANAGER:

PHONE NO.:

E. No of Stories: 2 No. of Living Units: NONE Basement: ☒ YES ☐ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM ☒ I ☐ II ☐ III ☐ IV ☐ V APPROX. SIZE 100 ft. X 120 ft.

PRIMARY OCCUPANCY: (Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input checked="" type="checkbox"/> 13 OFFICE | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input type="checkbox"/> 35 CONDO |
| | | | | | | <input type="checkbox"/> 99 OTHER |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>PLASTER CRACKS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Moments Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: AKA 6225-6233 Hollywood Blvd

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: NONE
 EST. DAMAGE: 2 % EST. DAMAGE: \$40000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

INSPECTED (Green)

Existing

Recommended

☐☒

Exterior Only

☒ Exterior and Interior

LIMITED ENTRY (yellow)

☐☐

UNSAFE (Red)

☐☐

Building

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2. Detailed Evaluation required.

Structural Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

Electric Gas Water

J. INSPECTOR:

Name/I.D.: MESSINA / HERNANDEZPhone: 237-0920

K. INSPECTED:

Date: 1-27-94Time: 9:10

a.m./p.m.